

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 588362

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
3						
4						
5						
6						
7						
8						
9	1					
10	4					
11	4					
12	4					
13	1					
14	1					
15						
16						
17						
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36						
37	18					
38	18					
39	18					
40	18					
41	18					
42	1					
43	1					
44	1					
45	1					
46	1					
47						
48						
49						
50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	139	←		←		←
TOTAL CLAIMS	140					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						